

# Context of Health

*by* Aboo Fatally

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Health Context

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## Part One

### Introduction

Often, it is complex to imagine health context and determinants of health. WHO defines it with some interesting factors as figure 1 shows?

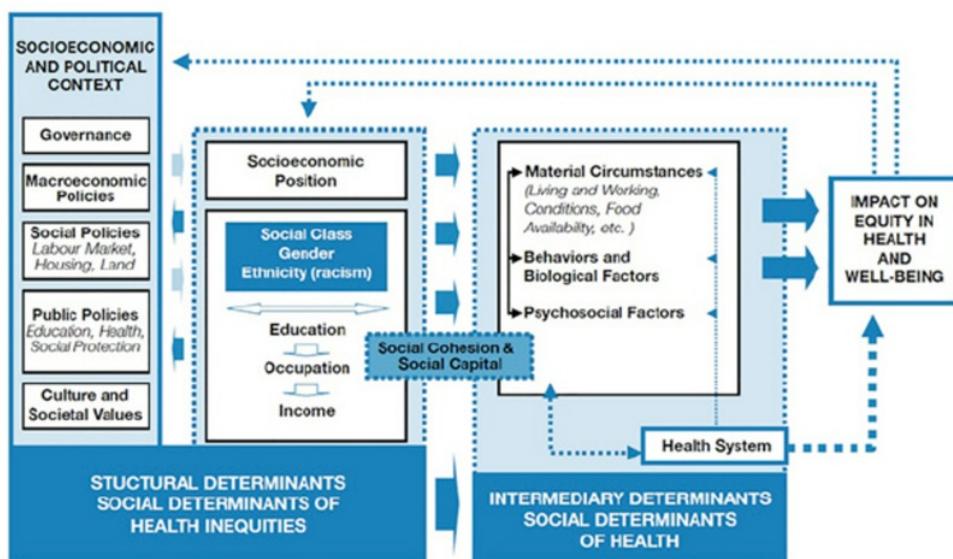


Figure 1 WHO Framework (WHO, 2018)

In Figure 1, we see how Politics powers the health of people. Elaine Jones wrote in an article (Jones, 2013): the Patient Protection and Affordable Care Act was the most important

*legislation passed by the US Congress since 1965. The congressional legislation was an example of how politicians change the health of the nation. The 53 years period from 1965 to 2018 indicated health laws were probably slow to come up to the people, and they may be second or last in the agendas of politicians.*

*Barack Obama conjectured all American would visit a health service provider at least once in their lifetime. Perhaps he and the Democrats thought it was a sensible reason to sign the Act into law, which Donald Trump is struggling to undo. Politicians enslave people. On an island in the Indian Ocean, the president signed into law a bill in 2011 (Source, 2018a). The bill made Mauritians subject to pharmaceutical trials by Drugs manufacturers, without a referendum.*

*Politics can transform the health of a nation with 500 million people like the USA or smaller state with under 2 million people like Mauritius, the demography matters less. The law matters more.*

*At least one disease will harm some people this year; ultimately many of us will die of one or more than one disease. Despite the political, economic, and intellectual efforts of man cancer of the lungs is still one of the deadliest diseases. Moreover, lung cancer is one of the killer diseases although it was almost nonexistent a century ago (Brawley, 2018). I will attempt to address the problem from a political, medical, economic, technological, cultural, and social perspective in this essay.*

*Some of my learning objectives shall be to acquaint myself with the global problem of lung cancer. I aim to understand its implications in nursing practice, its epidemiology, inequalities, social determinants, statistics, researches, treatment, causes, economics, prevention, and support for the people with the disease.*

### **Causes of Cancer**

*Many causes of cancer exist. Some are environmental. We do not have much control over them. Many causes are man-made, produced by industry and a by-product of industrial processes. The following are some analogous causes of lung cancer:*

*Asbestos, a mineral used in building industry as a fire retardant and in the automobile industry as pads for brakes, is carcinogenic (MedlinePlus, 2000); and the judiciary banned their industrial applications.*

*Genetics Kanwal identified a familial and genetic predisposition to cancer in their research paper (Kanwal, Xiao-Ji, & Yi, 2017).*

*Radon, a decay of uranium-238 or radium-226, damages the epithelial cells of the trachea with alpha particles, Davis et al published in their research paper (Davis et al., 2018).*

*Pesticides, such as the mixture, Agent Orange were sprayed from planes during the War with the Vietnamese (Service & Pension, 2018). It fills the air and enters the lungs of*

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troops on the ground caused lung cancer and the USA compensated American soldiers injured by it.

Heavy metals, such as Arsenic, cadmium, and chromium, are dispersed in many products and streams. Scientists isolated Arsenic as a factor of lung cancer when it contaminated drinking water, as observed in areas of Taiwan and Chile. The United States reduced the Arsenic concentration in tap water years ago because of health risks.

Air pollutants in smoke from vapors from edible oil and burning coal are linked with lung cancer. There are many chemicals in smoke and products of combustion. Even experts do not know all those carcinogenic ones, but it is understood there are undiscovered connections (Marks, 2018).

Biomass Use for cooking is carcinogenic (Bruce et al., 2015)

Smoking Cigars, marijuana, and cigarette kill by starting small as bronchogenic cancer then proliferate.

Many things known and unknown can cause lung cancer. Some we have some control over that health and safety regulators manage in the work and residential environment and some we have no control over. These carcinogenic agents will continue to be problematic. It

*is salient to identify, clarify and list them as a first step to reduce their detrimental effects on health.*

### **Inequalities in Perspective**

*Forrest et al in their research (Forrest, Adams, Rubin, & White, 2015) found that inequalities in health take many forms; one such form is the inability of the service provider to deliver care to some groups. Those males and females with cancer of the lungs spending their lives in socioeconomic deprivations are unlikely to be the recipient any type of surgical, medical treatment, or health promotion, and therapy.*

*Singh and Jemal stated that cancer mortality and incidence are disparate. They might reflect inequalities in smoking, obesity, physical inactivity, diet, alcohol use, screening, and treatment (Singh & Jemal).*

*There is a correlation between histological subtype and economics. Forrest and White suggest that socioeconomic variation in histological subtype may account for some socioeconomic inequalities in surgical interventions (Forrest, Adams, Wareham, Rubin, & White, 2013).*

*What can be the reasons for some countries to experience greater catastrophies in lung cancer than others; for example, the highest mortality rates in Europe are in Belgium (Hagedoorn, Vandenheede, Willaert, Vanthomme, & Gadeyne, 2016).*

*There is a fluctuating trend in significant socioeconomic inequalities incidence in the West of Scotland, and in some cases, the incidence is increasing. If this is a global trend, then we need to consider strategies to identify the variables, and design and implement plans to counteract the rising trend.*

<sup>3</sup>  
*Inequality tunnels into ethnicity. The increasing excess incidence and mortality rates in several, health care access-related cancers provide a warning of the current drivers of ethnic inequalities (Teng et al.). It is important to identify the rift that ethnicity could nurture that service providers could implement plans to reduce the divide.*

### **Inequalities in status**

*Gróf work shows inequalities in a group of people with primary education who die of cancer later than people with higher education do (Gróf, Vagašová, Oľtman, Skladaný, & Malíčká). They conclude that there is need for tobacco control policies, which include executive positions.*

*Mackenbach proposed to reduce inequalities in mortality by diminishing mortality among the lower educated. And decrease lung cancer, liver cirrhosis, due to excessive alcohol consumption (Mackenbach et al., 2015).*

Consequently, inequalities exist in incidence, mortality, treatment, and access to providers in the population with lung cancer. It is probable that these inequalities will persist for years to come. The method to identify problems areas base on statistical surveys, and the deployment of funds to put in place the services and accesses to them may be slow. Meanwhile, the cancer population is growing. Should this alarm us? As professionals, what can we do to reverse this escalation?

## Part Two

### Epidemiology of Lung Cancer

<sup>4</sup> We observed that the age distribution of the disease changed with years. The number of elderly patients among cases of small cells lung cancer, SCLC, increased over the past 40 years (Abdef-Rahman, 2018), stated in their paper.

The rate of admissions to Intensive Care Unit (ICU) for patients with lung cancer had increased over time from 1992 to 2005. These patients are younger, male, with a greater number of co-morbidities (Cooke, Feemster, Wiener, O'Neil, & Slatore, 2014). They noted in their research.

These findings are cause for alarm because the cancer is eating its way into younger generations; and as it takes a solid foothold, there will be greater stress on the resources available and increase absences from work. So in the future, this will change the economy adversely.

### Economics in history

DeBakey et al noted a rise <sup>2</sup> lung cancer diagnosed at Charity Hospital in New Orleans.

They point <sup>2</sup> the dramatic rise in cigarette sales in the US since the end of the War. Indeed, cigarette consumption had exploded with the introduction of cigarette-making machinery and amelioration of mass production techniques in the 1880s. The report shows that per capita cigarette consumption from 1920 to 1963 rose from 747 to 4345 per year (Brawley, 2018).

Tobacco industry provides a source of revenue for many, is a lucrative business for some and is taxable by the government. Therefore, we are helpless in removing completely this entity; the legal confrontation with the tobacco industry fails always. The following statistics are frightening.

### Statistics- its usefulness

Statistics could show us trends that we may otherwise overlook. The research fund international stated that <sup>1</sup> "There were an estimated 14.1 million cancer cases around the world in 2012, of these 7.4 million cases were in men and 6.7 million in women. This number is expected to increase to 24 million by 2035." and "Lung cancer was the most

common cancer worldwide contributing 13% of the total number of new cases diagnosed in 2012 (Fund, 2018). If this trend persists, will lung cancer decimate a significant part of the world population; and slows down economic growth or weighs heavily on an already strained health system and influence the nuclear family negatively.

Are we accountable for this increase though? Indeed, we are. Yes. We are. Not only are we responsible for it, we promote it. Socioeconomic inequalities explained inequalities in receipt of treatment (Forrest et al., 2013). In other words, we are promoting lung cancer when we are not demoting it.

There is conclusive and statistical evidence from research that economy has a significant impact on the spread; and incidence of lung cancer and it is rising incrementally, and the younger generation is mostly affected by the increase. If this is the global trend, we must do something about it to halt the damages or at least counter its growth. At least for the sake of a healthy family, we should do something about it.

### Part Three

#### Research to support

Although we produce cigarette, create the industrial environment that put us at risk such as air pollution as Mark wrote in his paper (Marks, 2018); much work is in progress to resolve lung cancer but not much for removing the causality, as we have seen earlier; we do not have much control over some causes.

Yet, human ingenuity is always at work to find solutions. For example, some ingenious use of nanoparticles is part of the fighting toolkit against lung cancer now that was unheard-of in the twenty century. According to Madni (Madni et al., 2017), these particles work at a molecular level to dismantle the cancer cells with greater specificity and selective access to the tumor cells. This nanotech reduces toxicity and improved treatment, said Madni.

Some new medicine is undergoing testing. The study shows that Afatinib is clinically efficient in non-small cell lung cancer trials (Yin, Jia-Jia, Ao-Xiang, & Ji, 2018). The bar on the graph indicates the change.



Figure 2 Graph (Yin et al., 2018)

Research findings are beacons that showing us the way into the future and are used as evidence for professional practice.

## Part Four

### Prevention and Hope

Gene therapy has some positive contribution to people with an inherited predisposition to lung cancer.

The laws regulate. The Health and Safety Act manages the environments in industrial complexes where cancer may originate and reduce the cause of lung cancer in workplaces.

Some ethnic group believes that smoking is harmful (Duch, Tedin, & Williams). This poses a barrier to intervention. Prevention, screening, and survival become more difficult with the belief held by some that the organs of breathing cannot be treated (Quaife, Marlow, McEwen, Janes, & Wardle, 2017).

Addiction in conjunction with volition does not work well together. Nicotine is addictive. Nicotine causes a transient surge of dopamine in the reward circuits of the brain. This produces a slight, brief euphoria. Therefore, it reinforces the smoking behavior. It is difficult to change consolidated behavior. Opium was medicinal in the Tang dynasty (618-906). It became aphrodisiacs in the Ming dynasty (Encyclopedia, 2018).

The more we promote non-smoking the more smokers smoke more. It is a dilemma.

### Promoting Health

*Health promotion reduces the number of people taking up smoking as a solution to social and personal problems. Left to our own devices we have incredible creativity and inventiveness to find or get into dangerous things that are detrimental to health.*

*We invent all kinds of vices, ills and their satiation, treatment. We pass laws and ban substances to prevent lung cancer. People regulate the environment and the control of emission. However, when it comes to our own willpower to quit we falter. We do not have much control over our own volition.*

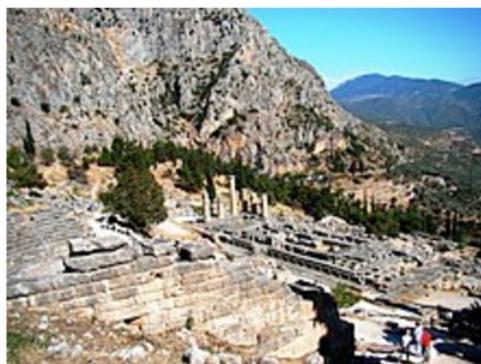


Figure 3 Temple of Apollo ("Know thyself - Wikipedia," 2018)

*KNOW THYSELF FIRST* (Wikipedia, 2018) is inscribed in the forecourt of the Temple of Apollo at Delphi in Greece about 400 BC to remind us that we can be our worst enemy.

### **Support of the patient**

*The patient is advised counseled, advocated for and provided with the information and courage they need to avoid getting into exposure to carcinogenic materials in industry, in homes. These are too often ignored.*

*There is plenty of support available, but taking advantage of them is not always in the person's agenda. Smoking is in the person's agenda, quitting is not.*

### **Conclusion**

#### **Professional Implications at work**

*The nursing profession is gearing up for new advances and for the 21-century treatment and means of attacking the lung cancer and all cancers plaguing humanity.*

*Now, professionals are more knowledgeable about trends, statistics. Moreover, are leveraging the Information Age technology to provide current and timely care.*

### **Individual Implication and the family**

*Individuals need to understand the necessity to get out of harm's way, to try to distance themselves from the smoking, to avoid exposure to radon, and other carcinogenic material. Moreover, be involved in their health actively.*

### **Nursing Implication and Serving**

*The implication for nurses is threefold, support, prevent and promote with tenacity.*

*So today, nurses have more information readily available; and can refer to researches to support their practice and can provide timely advice and help to change the course of lung cancer.*

*In this essay, I tried to understand the problems of lung cancer in terms of politics, trends, economy, science, and research. I gained an understanding of the scope of the problem; and how the individual reacts to the problem ethnically, psychologically, sociologically, politically, and humanely.*

*I also survey some of the solutions available to enhance the care of patients in the community and clinic.*

*This problem of cancer and lung cancer is complex; it is possible to solve it at least in parts. Research is contributing to its resolution, and many organizations are funding the research including tobacco industries (Harris, 2008).*

*I believe that we are in the right direction and could do with more timely help for the newly diagnosed. Any Cancer or cancer of the lungs does not wait for us to decide what to do. The disease is decisive, spreading and invading the host consistently. It has the physiological processes of the host to support its proliferation.*

## Appendix

### Pamphlet

**SAY NO  TO SMOKING**

Tobacco kills about half of its smokers, thus annually killing around 7 million users globally, including 890 000 who are passive smokers.

**Why do people smoke?**

- Peer pressure
- Family members are smokers
- Some view it as high class behaviours
- Teenagers view it as part of growing up
- Fashion: being cool
- Advertisements
- To combat stress
- For pleasure

**Who are at risk?**

- Teenagers
- Those suffering from anxiety and depression
- Those having family members as smokers
- Passive/second hand smokers

**Social impact**

- Financial issues within family, impoverishment
- Second hand smoking causes harm to the ones around you
- Avoidance by family members and friends: strains in relations

**Environmental impact**

- Air pollution: cigarette contains around 4000 chemicals and toxins which are released in the air, affecting non-smokers and even plants.
- It causes land pollution when dumped on the ground.
- Affects aquatic life when thrown into water bodies

**Economic impact**

- Increase in health care expenditure
- Loss of productivity at work due to poor health and hospitalisation
- Fire losses

**How to stop smoking?**

- Tapering: decrease the number of cigarette you smoke day by day
- Use of nicotine patches
- Counselling with psychologist, emotional support from family members
- Call for help:

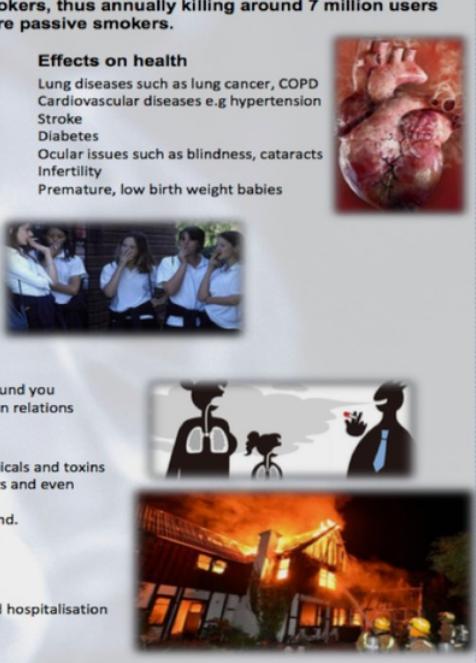
**Political aspects: laws**

Smoking is prohibited on public transport and in most indoor public places.

Smoking is prohibited in outdoor areas of the following: health institutions, educational institutions, sports arenas and facilities, recreational places other than beaches to which the public has access, bus stands, and bus stations. Sub-national jurisdictions may enact smoke free laws that are more stringent than the national law.

Most forms of tobacco advertising, promotion and sponsorship are prohibited, with a few exceptions.

Misleading packaging and labeling, including terms such as "light" and "low tar," is prohibited.



Leaflet 1 Done by Aboo, Akeshi and Avi

## **Disability and the Media**

### *Introduction*

*In this essay I am looking at example how the media coexists with disability. The media shape the mindset of people and influence their attitude, values, beliefs and actions adversely and positively.*

### *Paralympics*

*Our society is not always cruel to the needs of the disable at times we indemnify, for example a prime minister of Australia apologizes publicly, nationally and internationally to the aborigines of Australia for the wrong done to them by the white people. The aborigines were not fit to be part of Australia's new emerging white race when the continent was colonized. That mindset has changed little.*

*Now as a civilized society, we show our support by the organization of the Paralympics' where disable people shoot, jumps and play. It is a game (japantimes, 2018). We do this not because we are more humane but because we gratify our vice by making a lot, a lot more money in these mega-events.*

*Figure 4 (Internet, 2018)*

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Figure 5 (japantimes, 2018)

Figure 6 (Source, 2018b)



The village idiot

“Village idiot” first appeared in the play of Bernard Shaw, *Major Barbara*, in 1907.

Shaw discusses madness as a source of humor, remarking that, “I myself have had a ‘village idiot’ exhibited to me as something irresistibly funny.” (Quora, 2018)

*Stephen Hawkins*

*Wheelchair bound. Hawkins was a great man. But his greatness would never exist if a mean for connecting him to the rest of the world was not invented. He can use the device to communicate his ideas. A Computer engineer invented his fame. The Pope commented and told him to be careful about his grandiose ideas. (Brous, Nursing, Dolsen@Msu.Edu, & Edie, 2018)*

*President Donald Trump*

*DT, an unconventional president with the thumb on the nuclear button, mocked a disabled reporter in public.*

*We know that he does not come from the executive breed that usually makes US President -like Lincoln, Oppenheimer, Ford and Clinton.*

*Clinton talks about poetry. Imagine Trump reading a poem. Although he is not like other well educated or Harvard educated or other, should he mock a person disability in public or private?*

*This is not fair to the world to have a representative, commander in chief of the most powerful nation, of all the forces, navy, army, air force, secret services and the new space force in the making, with the executive power to make a life and death decision to demean a profession, not any professional, a New York Times journalist. (Berman, 2018)*

*Perhaps he may be too preoccupied building his financial empire to worry about morality. If, you have the might why waste it on disability.*

### *The Hunchback of Notredame*

Quasimodo a hunchback who lives with Gargoyles in a cathedral, he rings the bells for prayer, craves for a normal life.

Victor Hugo, a famous French novelist wrote the hunchback of Notredame.

Quasimodo is in love with the beautiful Gypsy Esmeralda, a rebellious fiery woman.

Esmeralda is executed for her crime, stealing bread and giving it to the poor.

When Quasimodo sees the still body of Esmeralda his heart sank, sank deep enough that his own life never recover. He dies by the lifeless body of the beautiful, sleek Esmeralda, the woman he is madly in love with.

### *Beauty and the beast*

A man cloaked in a beast body experiences this disability. He was a handsome educated man full of intellectual wizardry, now his mind is imprisoned within a beast body. His body is totally disfigured. His mind is in perfect working order. Unless a young girl loves him, he will never regain his good young body again.

Walt Disney 2017 present this musical. It is making a lot of money out of the misery of a man. Many are excited by this show. Truthfully so was I. It was intense when she teaches him table manners. You could see the emotion of love and affection in a face where such thing should never exist; a goat face never expresses love.

### *The Dark knight rises*

Schizophrenia is used to insult. Here someone is branded schizophrenic as a mark of damnation. Does this imply that everyone suffering from it is damned? That is unjust to the sick with mental disability.

### *Reflection and Summary*

#### *Reflection*

*We cannot change our nature. We make observations on what we see and we comment on them. We cannot change the nature of the listener or commentator. Our comments may be true. Their meaning may be different to commentators and the listeners. The interpretations are never the same and in many cases, unintentional. That often hurts people with disability.*

*When we are not true to ourselves, the result is too damaging to mental health as in emotional-rule dissonance. Society views a person with a disability first as problematic, needs additional set up, needs support, needs additional cost.*

*Decisions are made about people and about their usefulness within a society without hiding or restricting data so people with disability are reminded of their disableness not for their sake. A disable person knows too well about his or her disability but no one likes to be reminded of something that is obvious to them some thing that is part of their daily living something that they may be trying to forget something they are trying to change..*

*Whether a social or medical model is used every person is defined in society and their usefulness identify. You may be a lawyer and be blind. A sighted lawyer and a blind lawyer are both lawyers and they are equal, they can both argue a case. They both stand the same chance of winning the case. Nevertheless, one is blind and one is sighted. We accept the facts of disability. However, we do not always accommodate our feelings about disability when there is a choice to make. Who would you want to argue your case.*

### Summary

The media glorify the able, the hero and the superhero, it nevertheless do the inverse in this glorification. When you glorify one, you humiliate the other. Often it is better to be just humble and silent. Silence often speaks louder than the spoken words. Disability is perhaps a dilemma, a point of convergence where the unexpected might just happen. It is highly emotional. Threading carefully, rather than a display of knowledge is a better policy.

### Mindset

The disable people do not care too much about social, medical or other paradigm. They do care about themselves, what enhance their life and put greater strain on them. Society forms the man, our attitudes are shaped by the events in one's life, and we go along with the group belief. We do not want to be confrontational so when it is shown in films, media and condoned by the influential people like president Trump we walk on the disable and deprecate them to be fashionable and part of the group. In addition, it becomes a habit. Bullying and bashing is cultivated and adopted. It takes wisdom to be different and instinct to be indifferent to the needs of the weaker members of society.

### Conclusion

Therefore, it is reasonable to surmise that the media shape the group values and form their attitude and beliefs. Moreover, that experience throughout life is critical in the process, that time changes the beliefs, values and exposure reinforces the attitude held or open an opportunity for change to take place in a fixed mindset.

## Reference

Abdel-Rahman, O. (2018). Changing epidemiology of elderly small cell lung cancer patients over the last 40 years; a SEER database analysis. *Clinical Respiratory Journal*. Mar2018, 12(3), 1093. doi:10.1111/crj.12632

Berman, J. (2018). Trump mocks reporter with disability - YouTube. Retrieved from <https://www.youtube.com/watch?v=PX9reO3QnUA>

Brawley. (2018). The first surgeon general's report on smoking and health: The 50th anniversary - Brawley - 2014 - CA: A Cancer Journal for Clinicians - Wiley Online Library. doi:10.3322/caac.21210

Brous, D. P. O., Nursing, Dolsen@Msu.Edu, & Edie. (2018). The Ethical and Legal Implications of a Nurse's Arrest in Utah. *American Journal of Nursing*, 118(3), 47-53. doi:10.1097/01.NAJ.0000530938.88865.7f

Cooke, C. R., Feemster, L. C., Wiener, R. S., O'Neil, M. E., & Slatore, C. G. (2014). Aggressiveness of Intensive Care Use Among Patients With Lung Cancer in the Surveillance, Epidemiology, and End Results-Medicare Registry. *CHEST*. Oct2014, 146(4), 916. doi:10.1378/chest.14-0477

Davis, S. F., Johnston, J. D., Magnusson, B. M., Novilla, M. L. B., Torgersen, B. K., Schnell, A. J., & Crandall, A. (2018). Predictors of Radon Testing Among Utah Residents Using a Theory-Based Approach. *Journal of Environmental Health*. Jan/Feb2018, 80(6), 20.

Duch, R. M., Tedin, K. L., & Williams, L. K. POLLS--TRENDS: NORTH AMERICAN PUBLIC OPINION ON HEALTH AND SMOKING. *Public Opinion Quarterly*. Spring2018, 82(1), 171. doi:10.1093/poq/nfx034

Encyclopedia, R. (2018). Opium in China - Oxford Research Encyclopedia of Asian History. doi:10.1093/acrefore/9780190277727.013.149

Ernst, A., Silvestri, G. A., & Johnstone, D. (2003). Interventional pulmonary procedures: Guidelines from the American College of Chest Physicians. *Chest*, 123(5), 1693-1717.

Forrest, L. F., Adams, J., Rubin, G., & White, M. (2015). The role of receipt and timeliness of treatment in socioeconomic inequalities in lung cancer survival: population-based, data-linkage study. *Thorax*. Feb2015, 70(2), 138. doi:10.1136/thoraxjnl-2014-205517

Forrest, L. F., Adams, J., Wareham, H., Rubin, G., & White, M. (2013). Socioeconomic Inequalities in Lung Cancer Treatment: Systematic Review and Meta-Analysis. *PLoS Medicine*. Feb2013, 10(2), 1. doi:10.1371/journal.pmed.1001376

Fund, R. (2018). Worldwide data | World Cancer Research Fund International. In. Gróf, M., Vagašová, T., Oltman, M., Skladaný, L., & Maličká, L. Inequalities in Cancer Deaths by Age, Gender and Education. *Central European Journal of Public Health*. 2017 Supplement 2, 25. doi:10.21101/cejph.a5055

Hagedoorn, P., Vandenheede, H., Willaert, D., Vanthomme, K., & Gadeyne, S. (2016). Regional Inequalities in Lung Cancer Mortality in Belgium at the Beginning of the 21st Century: The Contribution of Individual and Area-Level Socioeconomic Status and Industrial Exposure. *PLoS ONE*. 1/13/2016, 11(1), 1. doi:10.1371/journal.pone.0147099

Harris, G. (2008). Cigarette Company Paid for Lung Cancer Study. Internet, s. (2018). Paralympics in Athens Retrieved from <https://encrypted-tbn0.gstatic.com/images?q=tbn:ANd9GcQdWCKHFAcRMqU7LhfFYZO6-VH8h5vGc-v1VSfvDgoKNa4bOtMP>

japantimes. (2018). Momoka Muraoka captures hearts and medals at Pyeongchang Paralympics | The Japan Times.

Jones, E. C. (2013). Supreme Court decision on the Affordable Care Act: What does it mean for neurology? In *Neurol Clin Pract* (Vol. 3, pp. 61-66).

Kanwal, M., Xiao-Ji, D., & Yi, C. A. O. (2017). Familial risk for lung cancer (Review). *Oncology Letters*. Feb2017, 13(2), 535. doi:10.3892/ol.2016.5518

Mackenbach, J. P., Kulhánová, I., Menvielle, G., Bopp, M., Borrell, C., Costa, G., . . . Lundberg, O. (2015). Trends in inequalities in premature mortality: a study of 3.2 million deaths in 13 European countries. *Journal of Epidemiology & Community Health*. Mar2015, 69(3), 207. doi:10.1136/jech-2014-204319

Madni, A., Batool, A., Noreen, S., Maqbool, I., Rehman, F., Kashif, P. M., . . . Raza, A. (2017). Novel nanoparticulate systems for lung cancer therapy: an updated review. *Journal of Drug Targeting*, 25(6), 499-512. doi:10.1080/1061186X.2017.1289540

Marks, J. (2018). 5 Causes of Lung Cancer in Non-Smokers - MedicineNet.com.

MedlinePlus. (2000). Asbestosis. doi:<https://medlineplus.gov/asbestos.html>

Quaife, S. L., Marlow, L. A. V., McEwen, A., Janes, S. M., & Wardle, J. (2017). Attitudes towards lung cancer screening in socioeconomically deprived and heavy smoking communities: informing screening communication. *Health Expectations*. Aug2017, 20(4), 563. doi:10.1111/hex.12481

Quora. (2018). How did the term “village idiot” originate?

Service, C., & Pension. (2018). Veterans Exposed to Agent Orange - Compensation.

Singh, G. K., & Jemal, A. Socioeconomic and Racial/Ethnic Disparities in Cancer Mortality, Incidence, and Survival in the United States, 1950-2014: Over Six Decades of Changing Patterns and Widening Inequalities. *Journal of Environmental & Public Health*. 3/20/2017, 1. doi:10.1155/2017/2819372

Source, I. (2018a). Clinical Research Conferences | Clinical Trials Conferences | Clinical Research 2018 | Clinical Trials 2018 | Clinical Conferences | Europe | USA | Asia | 2018 | 2019 | Conference series. Retrieved from <https://clinicalresearch.pharmaceuticalconferences.com/>

Source, I. (2018b). Internet source. Retrieved from <https://encrypted-tbn0.gstatic.com/images?q=tbn:ANd9GcSTYGrmQiozOAGQmLRQTKS1gQItLEx4FJ2nS84r2NgfD0bRVFKO>

Teng, A. M., Atkinson, J., Disney, G., Wilson, N., Sarfati, D., McLeod, M., & Blakely, T. Ethnic inequalities in cancer incidence and mortality: census-linked cohort studies with 87 million years of person-time follow-up. *BMC Cancer*. 9/26/2016, 16, 1. doi:10.1186/s12885-016-2781-4

Wikipedia. (2018). Know thyself - Wikipedia. In.

Yin, L.-Y. W., Jia-Jia, C., Ao-Xiang, G., & Ji, Y. (2018). Clinical efficacy and safety of afatinib in the treatment of non-small-cell lung cancer in Chinese patients. *OncoTargets & Therapy*. Jan2018, 11, 529. doi:10.2147/OTT.S136579

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